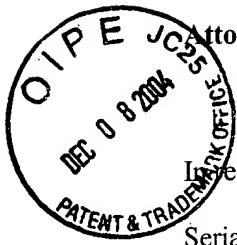


smile 45

Rce / JH IWW



Attorney Docket No: MFSI-001/01US

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of **Louis J. MORSBERGER**

Serial No.: 09/702,045 Examiner: Akiba K. Robinson-Boyce

Confirmation No.: 8530 Art Unit: 3623

Filed: October 31, 2000

For: **SYSTEM AND METHOD FOR COLLECTING SURVEY INFORMATION  
FROM TARGETED CONSUMERS**

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**REQUEST FOR CONTINUED EXAMINATION  
UNDER 37 C.F.R. §1.114**

Applicants submit this request for continued examination under 37 C.F.R. §1.114 for the above-identified application.

[x] Please consider the following submission(s) required under 37 C.F.R. §1.114:

- The amendment/reply under 37 C.F.R. §1.116 previously filed on .
- The arguments in the Appeal Brief and/or Reply Brief previously filed on .
- The enclosed amendment/reply submitted in response to the Official Action dated November 8, 2004.
- Information Disclosure Statement
- Petition for One Month Extension of Time (in duplicate)
- Other: .

[x] Also enclosed is:

- Return receipt postcard
- Check in the amount of \$592.00 for the total fee as calculated below.
- An Assertion of Entitlement to Small Entity Status was submitted previously.
- Other: .

12/10/2004 MBEYENE1 00000002 501283 09702045

02 FC:2801	395.00	DP
03 FC:2202	13.00	DA
04 FC:2201	200.00	DA

[x] The fee for the request for continued examination is calculated below [x] and in accordance with the enclosed amendment:

FOR:	Claims after Amend.	Claims Prev. Paid	=	Extra Claims <sup>1</sup>	Small Entity Rate Fee	Other Than a Small Entity Rate Fee	Total Claim Fee
Total Claims	26	20	6	\$9		\$18	\$54.00
Independent Claims	5	3	2	\$44		\$88	\$88.00
Multiple Dependent Claims Not Previously Presented				\$150		\$300	\$0.00
Other fees: Petition for One Month Extension of Time (small entity)							\$55.00
Other fees: Request for Continued Examination (RCE) (small entity)							\$395.00
<b>TOTAL</b>							<b>\$592.00</b>

<sup>1</sup> If difference is negative, enter "0"; if Total Claims after amendment is 20 or less, enter 0; if Independent Claims after amendment is 3 or less, enter 0.

[x] A check for the total fee is attached.

[ ] Please charge \$ to Deposit Account No. (PA) 03-3117 (RE) 50-1283 for the total fee. This paper is being submitted in duplicate.

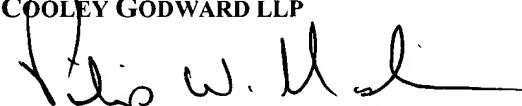
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: December 8, 2004

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Respectfully submitted,  
**COOLEY GODWARD LLP**

  
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